

**QUESTION AND ANSWERS FROM THE
ALCOHOL AND OTHER DRUG PREVENTION SERVICES (AODPS)
REQUEST FOR PROPOSALS (RFP)
BIDDER'S CONFERENCE ON NOVEMBER 2, 2010**

ASSESSMENT

- 1. Answer to Question 14 (in Q&A handout) says the plan for the assessment during the first 6 months should be “fairly” extensive. Considering that grantees will be trained and given tools to perform this community assessment after awarded, what should be included in the assessment plan?**

Section IX Proposal Narrative Requirements, Step 1 – Assessment part D should provide the County, SAPC and the reviewers with sufficient detail to demonstrate the Proposer is knowledgeable of the key steps necessary to conduct a Comprehensive Assessment among the target communities/populations described in the Proposal, and the intended scope/reach given the available resources. The County, SAPC will provide more specific information to those agencies awarded contracts under this RFP as it is developed during this Fiscal Year. The Resources Section (page 56) of the RFP provides links to websites etc. that provide information on what comprehensive/needs assessments entail.

- 2. (Item 8, B, Page 8- Exhibit IIIC, AODPS CPS) if a contractor has been providing community supported prevention services based on a community assessment and receives funding under this RFP, why should its services be halted to wait for completion of a new assessment? What is the logic of this requirement when delivery of direct prevention services provides points of engagement with community leaders and establishes credibility to do a valid assessment?**

The Strategic Prevention Framework (SPF), which the California Department of Alcohol and Drug Programs requires as part of its contracts with Counties and by extension the County, SAPC requires of its contractors, Step 1 – Assessment is to determine the actual needs of the “community” (through among many things the collection and evaluation of data) and the determination of services based on that assessment. Given that many “communities” comprise Los Angeles County, SAPC must rely on contractors to help inform its overall needs assessment for planning purposes and as required by the State. For this reason, SAPC will rely on AODPS Category 1 and Category 2 contractors to help inform the assessment for Fiscal Years 2011-2014, and will provide guidelines for the assessment, technical assistance, training, and resources. Ideally, this will collectively better inform the County on specific issues and needs of each Service Planning Area (SPA), and smaller “communities” therein, and ultimately lead to more responsive and effective services for the County overall. This should also address previously identified issues about lack of local data.

To better ensure the time and resources needed to conduct the Comprehensive Assessment, and for the agency to provide any training, especially related to the selected evidence-based practices, ideally no direct services would be provided during the initial six month period. However, existing contractor's with concerns that some on-going services (e.g., school based services that need to start on the school year, in-progress policy efforts included in the submitted Work Plan), and the resulting community relationships, would be adversely impacted due to a six-month lapse may meet with the County, SAPC upon contract award to discuss any “recent” assessment efforts and initiation of limited services prior to completion of the Comprehensive Assessment required by the RFP.

Current AODPS contractors who receive a Category 1 and/or Category 2 contract may request an exception to the 6-month assessment period and requirement to complete the Comprehensive Assessment prior to implementation of direct services if after 3-months of conducting assessment activities specified assessment benchmarks (to be determined before execution of new AODPS contracts) have been achieved and verified by the County, SAPC. If an exception is granted, the contractor would still be required to complete any outstanding assessment activities as required and

thus a percentage of time (to be negotiated) would still need to be dedicated to assessment activities. If it is determined that a contractor is unable to complete specified steps on-time and in the scope and quality necessary, the percent of County approved direct services could be reduced to ensure on-time completion of the Comprehensive Assessment. Furthermore, since the Category 1 contract is new this will likely be more closely reviewed and restrictive than for Category 2.

New SAPC Category 1 and/or Category 2 contractors, without a previous AODPS contract, must complete the Comprehensive Assessment as required and prior to initiation of direct services.

All Category 1 recipients may initiate formulation of the coalition during the assessment period since it will play a key role in assessment, planning, development, and capacity building regarding the environmental services.

For the purpose of the RFP, all Proposers must include a start date of direct services after completion of the Comprehensive Assessment (6-months) on Attachment 5 Work Plan, but *may* indicate in the body of the Proposal, *if desired*, a preference to initiate limited direct services earlier. Reviewers will not be instructed to weigh either option more than the other.

Exhibits IIIB and IIIC will be updated prior to execution of contracts to reflect this change (Section X Proposal Conditions part J Acceptance of Terms and Conditions).

- 3. For those of us who have been providing services for over 40 years and are providing the services that the community has requested, why must we CLOSE our programs and provide no direct services while we do a needs assessment?**

See response to **Question 2**.

- 4. An extreme divide exists between prevention practitioners and prevention researchers despite the proliferation of newsletters, websites, etc., to keep practitioners current. Oftentimes, the knowledge base that practitioners designate as “knowing their community” is purely anecdotal. If you do change the timeline for the assessment phase, would you please leave it flexible so that those agencies that are sensitive to the need to use intensive assessment to inform practice can do so?**

No change; Proposers may have up to six months to complete the Comprehensive Assessment. See response to **Question 2** for more information.

- 5. How much change in the 3-year program will be possible if assessment in first 6 months indicates switching gears?**

If the results of the Comprehensive Assessment indicate a need to modify the Work Plan (“switch gears”), the County, SAPC will work with the contractor to modify the expected outcomes as appropriate.

- 6. Considering it is competitive, will proposals with more recent data be scored higher than those using older data?**

The Step 1 – Assessment section of the RFP (pages 30 and 34) response should represent the most current AOD issues/contributing factors within the target populations/communities, especially as it relates to the County, SAPC’s Goals and Objectives as outlined in the RFP. Therefore, the most recent data available that demonstrates those issues should be considered and included in the response. Reviewers will have the discretion to determine the adequacy of the Step 1 Assessment section within the parameters of the RFP evaluation criteria.

7. Can we use the American Community Survey Data (2006-2008)?

Yes. American Community Survey data may be used, however, it should be used in conjunction with other data sources.

8. Can we use 2000 Census Data?

Yes. Census data may be used, however, it should be used in conjunction with other data sources, including more recent data where available.

9. Would we budget for direct services starting in the first month of the contract or do we not allocate direct service staff until after the first 6 months when the needs assessment is completed?

Ideally, the direct services staff would participate in the assessment process to provide greater understanding of the community needs and decision making process, including development of assessment and evaluation skills that would be beneficial throughout the contract term. However, it is up to the agency to determine how to staff the program given the requirements of completing a Comprehensive Assessment within the first six months of the contract term. See response to [Question 2](#) for more information.

10. Since the RFP states that no direct services can be provided until after completion of a community assessment, how can the requirement to submit a 3-year budget with detailed narrative justification be met when the direct services to be delivered will not be determined until 6 months after the contract start & completion of the assessment?

See response to [Question 2](#) and [Question 9](#) for more information.

11. Do we have planning staff only during the first 6 months or are prevention activities fundable?

See response to [Question 2](#) and [Question 9](#) for more information.

EVIDENCE BASED PRACTICES (EBP)

12. Has SAPC evaluated current or past contracted programs for best practices or EBP and what role if any did it play in developing requirements for this RFP?

The County, SAPC does not currently “evaluate” programs for use of EBPs. However, the County, SAPC does request current AODPS contractors to include use of EBPs in their Work Plan, Annual Report, and on CalOMS Prevention database. The County, SAPC elected to allow multiple options for the selection of EBPs rather than assessing which EBPs are currently being used by current AODPS contractors and requiring use of those.

13. As originally developed, the concept of “evidence-based practices” included “evidence-based, community driven evidence and promising practices”. For this RFP, why has SAPC eliminated “Community Driven and Promising Practices” by its insistence an “independent, 3rd party evaluator” when this has never been required previously?

The third option was added to address the issue that NREPP programs may not be available/appropriate for all populations. For example some of the more environmental strategies listed in Tables 5 and 6 may be supported by academic literature. The County, SAPC is seeking

objective evidence where the research and/or evaluation methods are already well-defined and relatively rigorous. Section III part D Evidence-Based Services/Curricula does allow community driven and/or promising practices within the defined parameters.

To clarify, option #3 requires “results of an evaluation/research conducted by an evaluator independent of the proposer...” and is not limited to an evaluation/research regarding the Proposer’s current services/program only. Therefore, this may include for example substantiated research published in a recognized peer reviewed journal. Proposer’s exercising option #3 must include sufficient documentation to support the related activities, services, curricula etc. included in the RFP response to justify the selection(s) as evidence-based and attach documentation so it can be reviewed as part of the process to determine whether Section IV Minimum Mandatory Requirements to Participate part C was met.

14. Because many of CSAP and SAPC’s recommended strategies/activities are not included in the allowed EBP’s sited on page 12 and written question responses, I believe all the providers need clarification on the independent research requirement. We need to know what level of research is allowed and how specific it must be to the precise activities proposed. For example:

- a) Media campaign development and conduction are CSAP strategies and there is research showing media campaign effects on youth alcohol and drug use. If a campaign is developed which specifically targets the community’s needs as determined in the assessment, that particular media campaign would obviously not have been researched. Are only previously researched “canned” media campaigns allowed or can one be developed to meet the specific community’s needs.**
- b) Surveillance of High Risk Public Areas for illicit drugs and emerging drugs is a SAPC recommended strategy/activity. This strategy/activity is also not part of any of the allowed EBP’s. Research for this appears currently limited to HIV/AIDS Prevention. May we use this strategy/activity and if so, how can we support doing so?**

Please see response to [Question 12](#) for additional information regarding Option 3 under EBPs. Any strategy selected, including those broad categories listed under the Center for Substance Abuse Prevention (CSAP) strategies and associated activities, must meet be supported by research and/or evaluation as described in Section III Prevention Services Frameworks, part D Evidence-Based Services/Curricula and further clarified herein.

In response to the media related question (part “a” above), any proposed media campaign related to an AOD topic/target population must be supported by research/evaluation as required by the RFP, and such efforts would not automatically be limited to existing campaigns only. See [Question 74](#) for more information on media issues.

In response to the surveillance related question (part “b” above), it is up to the Proposer to appropriately support the selection of strategies listed in Tables 5 and 6, and as required by the RFP.

15. Will you accept a mix of EBPs and not yet fully evidenced practices?

A mix of EBPs may be used provided they meet the criteria listed in Section III Prevention Services Frameworks, part D Evidence-Based Services/Curricula. See response to [Questions 12 and 13](#) for more information.

16. Does an evidence based program have to have been replicated in California or L.A. County?

No.

- 17. The Strategic Prevention Framework requires a needs assessment and strategic planning. Why are we proposing an EBP which may prove inappropriate after such assessment and planning?**

The assessment included in the RFP response should provide significant support for the EBPs selected and included in the response. If the results of the Comprehensive Assessment conducted within the first six months a contract award indicate another approach should be taken, contractors will have the opportunity to revise their Work Plan in coordination with the County, SAPC.

- 18. When considering a promising practice (Options 3), would you consider non-academic, independent evaluation as the “evidence”, such as a national exemplary prevention award?**

To qualify under option #3 of Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula, the initial evaluation must be conducted by an evaluator independent of the Proposing agency. Therefore subsequent review by an outside awarding agency alone would not qualify.

See response to [Question 12](#) for more information on use of Option #3.

- 19. The Office on Minority Health, the Association of Black Psychologists, the Latino Behavioral Health Coalition, as well as CSAP's Westcapt have been critical of the overzealous focus on Evidence Based Practices, specially related to their application in ethnic communities. Was your office aware of these concepts & limitations? Will the reviewers be made aware of these limitations?**

Yes which is why it will be up to the Proposer to identify the EBPs, as defined in Section III part D Evidence Based Services/Curricula and as clarified [Questions 12](#), most responsive to the needs of the target populations/communities.

- 20. Thru the requirement that agencies only use EBS as indicated in Section III D., SAPC is effectively eliminating the prospect of developing and testing innovative or promising practices for specific populations that could be submitted to NREPP in the future. Is it correct that SAPC has chosen to limit L. A. County's exposure of its programs in NREPP?**

While current AODPS contractors have had the flexibility to promote and develop NREPP programs, for the purpose of this RFP the County, SAPC requires existing evidence as described in Section III and clarified in the Question and Answers, for services funded under this RFP. The County, SAPC will also consider an “innovations” RFP in the future to promote the development NREPP type EBPs for Los Angeles County.

If the program is qualifying under option 3, any selected efforts must be well documented by an independent evaluator. See response to [Question 12](#) for more information.

- 21. Recommendation: Given the concerns expressed today, please consider amending Option 3 (Section III D) to include evidence defined by proposers and they must clearly document that evidence and the basis or foundation for its use (i.e., strategies or overall approaches that do have SAMHSA or CSAP evidence).**

The focus of this RFP is to ensure services are rooted in evidence as described in the RFP. See response to [Questions 12, 13, 19, and 20](#) for more information.

22. Is it acceptable to use evidence – based strategies activities without being bound to the curriculum and staffing requirements of evidence based programs?

No, using EBPs with a defined curriculum require use of that curriculum, and any staffing requirements, to maintain fidelity to the model. See response to [Question 23](#) for more information.

23. If an agency adopts EBI strategies which, for the most part, meets the environmental goal but will require adaptation for the target community, how much emphasis does SAPC place on fidelity?

Yes, EBPs that meet the criteria outlined in Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula (page 12) may be modified/adapted to target specific populations/communities. The evaluation must include efforts to determine if the modifications/adaptations achieved the desired results. It is up to the Proposer to determine the appropriate balance between fidelity and adaptation, noting that the EBP cannot be adapted/modified so much that it no longer be considered that EBP. See [Question 22](#) for more information.

24. Will SAMSHA approved evidence based programs be favorably weighed vs. other evidence based programs?

Under Section III Prevention Services Frameworks, part D Evidence-Based Services/Curricula, options one to three are weighted equally.

25. What are the NREPP Substance Abuse Prevention Programs/Communities that Care Programs? Which ones are in SPA 3?

The website links for NREPP and Communities that Care are listed under Section III Prevention Services Frameworks, part D Evidence-Based Services/Curricula.

26. I have a program intervention that has been replicated in 3 organizations. The intervention was reviewed by 3rd party evaluator for one of the organizations. Are all three organizations able to reference the third party evaluation to justify the merit of the intervention for the sake of this RFP?

Yes, all three organizations would be able to reference the third party evaluation provided the evaluator is/was independent from any of those three organizations.

27. Conflicting messages from SAPC: At one point, we were all encouraged to pass out educational materials at Raves (Daisy Festival). Some of us felt this was a weak strategy at best; Now you are saying info dissemination alone is not OK. Say what you mean?

Given that the research literature does not support information dissemination alone as a means to impact AOD accessibility and availability and social norms and community conditions related to AOD, it cannot be a primary or major focus of a Proposal under this RFP, especially since evaluation is also key to this RFP. However, a Proposer can incorporate information dissemination as a small component of an overall more comprehensive/evidence based approach.

SCREENING TOOLS/INSTRUMENTS

- 28. Please clarify your response to questions #12 and 13. Would a program serving 10 and 11 year old youth simply state that no AOD Screening Tool is available or appropriate for target population? Would that be acceptable?**

No, it is not sufficient to state that no AOD screening tool is available or appropriate for the target population. A screening tool listed in Section III Prevention Services Frameworks, part E Alcohol and Other Drug (AOD) Screening Tools/Instruments must be identified in the RFP response regardless of the target population/age. Where agencies plan to serve individuals less than 12 years of age, and one of the identified tools would not be used/appropriate, the RFP response must state agreement to assist the County, SAPC in identifying screening tool(s) for those less than 12 years of age only.

- 29. Using screening tools such as SASSI, ASSIST suggest individual prevention interventions, yet we are to address universal prevention activities. How are we to screen large audiences?**

AOD screenings must not be conducted on participants of universal prevention services (e.g., those participating in addressing environmental efforts, universal school-based efforts). Screenings are needed for indicated populations, and in some instances selective populations.

- 30. Given state and federal move toward integrated services and IOM's continuum of services prevention to treatment to maintenance – why shouldn't we be allowed to use current screening processes approved by SAPC even if they include mental health?**

Agencies may use screening tools, in addition to those described and required in Section III Prevention Services Frameworks part E Alcohol and Other Drug Screening Tools/Instruments, for identification of non-AOD issues for the prevention population.

COALITIONS AND COLLABORATIONS/SUBCONTRACTING

- 31. What are you looking for in a coalition for Category 1? How many people? Specific demographics? How often should they meet?**

Refer to Section IV FUNDING on pages 14 and 16 of the RFP for information on the role for Category 1 and Category 2. Since each SPA is different, for the purpose of the RFP response, it is up to the Category 1 Proposer to propose the structure of the coalition, frequency of meetings, the anticipated participants, and ensure inclusiveness/representativeness of the coalition.

- 32. Can an agency serve as a fiscal agent for a coalition?**

No for both Category 1 and Category 2: Category 1 recipients are responsible for being the lead on the coalition and therefore cannot be a fiscal agent for another coalition; Category 2 focuses on primarily direct services and thus the "mechanism to obtain community feedback" described in Section IV FUNDING (page 16) must also be led by the recipient and not as a fiscal agent for another coalition.

- 33. Can a member of a coalition who is a county employee for another department help write the grant?**

The County employee seeking to assist in writing the RFP response should have been working for a department other than the Department of Public Health for a minimum of three (3) years prior to the release of the AODPS RFP. Further, such employee shall seek written approval from their County

Department prior to assisting in any RFP proposal response to avoid a conflict in interest. The identity and County Department of that individual must be disclosed on Attachment 8, Identification of Person Writing Proposal, even if the individual is not the primary author. Attachment 8, should be submitted to SAPC for review, so SAPC can verify that no conflict of interest exists. Employees of the Department of Public Health, including but not limited to Substance Abuse Prevention and Control, are prohibited from directly or indirectly assisting and/or advising proposers in their response to this RFP; such assistance or advice will result in disqualification of the Proposer(s) RFP proposal submission.

34. If a coalition is proposed, can the applying agency provide funds from the SAPC grant to the other coalition member agencies?

No. The purpose of this funding is primarily for direct services, and related activities, not to supplement funding for collaborating agencies. Subcontracting is not permitted by this RFP.

35. Can the applying agency pay the salary of a coalition member agency's staff position that supports the program?

No. See responses to [Questions 32 and 34](#).

36. Does the proposal allow for hiring nationally recognized experts or institutes to provide training on prevention and advocacy to the community and other organizations?

Yes, consultants are permitted on a limited basis but cannot be used in lieu of permanent staff or as an alternative to subcontracting which is not allowed by this RFP.

37. A coalition must be formed for Category 1; must Category 2 include a coalition?

Category 2 Proposers must develop a mechanism (e.g., community advisory meeting, coalition, Town Halls) to obtain community feedback to guide the development of their identified prevention services and to effectively and efficiently adjust to changing community needs. See Section IV Funding, Category 2: Comprehensive Prevention Services (page 16) for more information.

38. Attachment 7: Does everyone in collaboration fill out forms or just lead agency?

Only the agency submitting the RFP is responsible to complete Attachments 7A through 7P, or any other attachments, as this is the only agency that would be funded under the RFP.

39. Providers of Category 2 are members of larger coalitions for Category 1; how extensive – and differences should be their own coalitions, or advisory boards?

The Category 2 coalition, advisory board, or other formal mechanism to obtain community feedback should be extensive enough to provide real and consistent opportunities for community participation, relative to the scope of the proposed services.

40. SPAs are diverse and unique- No one agency can deliver services to every community within the SPA. Why aren't collaborations/subcontracts encouraged? Or required?

Collaborations are encouraged and required as part of both Category 1 and Category 2. The County, SAPC is seeking direct contracts for services to develop services responsive to community needs and better ensure participation in technical assistance opportunities/requirements.

OTHER QUESTIONS CATEGORY 1 (EPS) AND CATEGORY 2 (CPS)

- 41. On page 35 of the RFP, you mention that prevention services cannot be provided to persons who have never received nor require treatment services. How would you advise an organization to weed those individuals out? Isn't environmental prevention far-reaching policies affecting all members of the community?**

AOD screenings must not be conducted on participants of universal prevention services (e.g., those participating in addressing environmental efforts, universal school-based efforts). This section of the RFP was largely related to services directed at selective and indicated populations to explicitly prohibit delivering services at an inappropriate lower level of care (prevention vs. treatment) and that which would be a violation of the federal SAMHSA block grant prevention set-aside funds.

- 42. As Universal Prevention Strategies affect all members of the community and as high risk communities often have people in recovery, why do you state that our services must not target those in recovery?**

Since universal prevention serves the entire population regardless of risk level, and since screening is not conducted for universal populations, it is possible that persons in recovery could be involved in prevention efforts/activities (e.g. environmental efforts, health fairs, large presentations). However, direct services specifically targeting persons in recovery (e.g., support groups, case-management, aftercare, relapse prevention) are part of the treatment and recovery component of the Institute of Medicine Continuum not the prevention part of the continuum (universal, selective, and indicated) and thus cannot be funded under this RFP. See [Question 41](#) for more information.

- 43. Category 2 is targeted to individuals who are not in treatment. Does Category 1 include individuals in treatment?**

No. Category 1 is environmental/universal prevention focused and thus it does not fund treatment services. Overall, this RFP will not fund treatment services or services for those in need of treatment. See Section IV Funding, part B Funding Availability (page 17) for more information. See [Question 41 and 42](#) for more information.

- 44. Is my agency disqualified because we are primarily a DUI facility? We have existing prevention contract.**

This contract is not to solicit new or expanded DUI programs. Submissions that include DUI programs (including first, second, and third offender programs) will be considered non-responsive to the RFP and disqualified. If the agency has the required experience providing non-DUI AOD prevention services and is proposing non-DUI AOD prevention services under this RFP, the agency will not automatically be disqualified solely based on its status as a DUI services provider.

- 45. In Category 1: Environmental Prevention Services, one of the requirements will be that a thorough needs assessment be conducted within the 1st 6 months of the contract to determine what the community needs. And in Category 2: Comprehensive Prevention Services proposers are asked to focus on prevention efforts based on the needs of the community, but if the assessment has not been completed from Category 1, how are contracts expected to speak to Category 2? In other words why were the 2 categories released together, as opposed to having Category 1 released first, then Category 2 after a time was allotted for the full needs assessment?**

Both Category 1 and Category 2 are expected to complete a Comprehensive Assessment within the first 6 months of a contract award.

The Category 1 contractors will be responsible for assisting in a SPA-wide assessment with special emphasis on the target populations/communities described in Section IX Proposal Narrative Requirements, Category 1 (EPS), Step 3 Planning, Target Population #1. The Category 2 contractors will be responsible for conducting an assessment among the target populations/communities described in Section IX Proposal Narrative Requirements, Category 2 (CPS), Step 3 Planning, Target Population #1 (pages 31 and 35).

- 46. If the Community Assessment points towards other objectives (meaning objectives other than those selected by the Category 1 grantees.) how flexible will LAC be in letting us modify our approach? Can we make real-time modifications to our objectives /strategies based on the initial community assessment? (Page 16)**

Category 1 and Category 2 contractors must at minimum address the Goals, Long-Term Objectives, and County Objectives identified as "required" in Section IV Funding for the respective Category. Furthermore, the County, SAPC does not intend to expand the list of Goals, Long-Term Objectives or County Objectives listed in the RFP. Given these parameters, the County, SAPC will allow flexibility to modify the submitted Work Plan, with approval, to address the findings of the Comprehensive Assessment.

- 47. Category 2 Services: If a community determines that alcohol availability is not a problem, why must a provider still focus on Goal #1 and Objective 1.1 as required by the RFP? Should not the community assessment determine the goals for prevention services?**

Category 2 awardees must focus on Goal 1, Objective 1.1, at least to the extent of participating on the Category 1 coalition and report on efforts to inform and involve their target community(ies) in the implementation of the identified environmental efforts of the coalition. See Section IV Funding, Category 2: Comprehensive Prevention Services (page 16) for more information.

- 48. (Category 2, Comprehensive Prevention Services, Page 15, IV. A. Funding, Paragraph 1) suppose community members don't see alcohol use a problem relative to other substances? - Narrative section on Program Services asks about reduction of alcohol availability and accessibility?**

See response to [Question 47](#).

- 49. How can individual efforts addressing targeted selective or indicated populations be implemented when required to meet Objective #1 which is all about environmental strategies and specific to access/availability?**

For Category 2, the majority of individual efforts targeted at selective or indicated populations will be addressed under Long-Term Objective 2. See response to [Question 47](#) regarding Long-Term Objective 1.

- 50. Given that Category 2 prevention services target populations vary, could an agency apply to serve their target population (families) via a home-based model vs. an office-based model, if it would be more effective at achieving the outcomes of this RFP?**

It is possible for indicated prevention services to occur in a home-based vs. office-based setting, assuming that AOD prevention EBPs support that concept and noting that this RFP is for prevention not treatment services. See Section IV Funding, part B Funding Availability (page 17) for more information.

51. If an agency applies for both Category 1 and Category 2, can the agency conceivably receive funding under both categories?

Yes.

52. Can one agency write one proposal for two communities to deliver Category 2 services in separate SPAs?

Category 2 has no limitations by SPA boundaries, therefore within one Proposal, Proposers are able to provide services in two communities. Proposers cannot submit two separated Category 2 Proposals.

53. If we serve multiple SPAS throughout L.A. County, should we list the SPA or administrative offices that are located in or where we are actually providing services?

The site(s) where services are actually provided should be included, not the administrative offices.

54. Can we target not the entire SPA, but specific communities within a SPA?

Yes, see Section IV Funding, Category 1: Environmental Services (page 14) and Category 2 Comprehensive Prevention Services (page 15) for more information.

55. Can Category 1 cross SPA boundaries if the majority of service is located in a single SPA?

Category 1 proposals are limited to a particular SPA since the County's intent is to have a Category 1 award in each SPA. Category 1 proposals for multiple SPAs cannot be submitted. Upon contract awards, the County, SAPC will discuss with selected applicants if it is appropriate to have limited cross-over since not all communities fit neatly within the SPA boundaries, and the coalition membership may reflect this as well and/or if selected Category 1 recipients would like to work in collaboration on county-wide efforts.

56. What is LAC's preferred timeframe for short-term outcomes, also when are grantees required to report (this gives us a guideline for benchmarks and short-term outcomes)?

It is up to the Proposer to identify the appropriate timeframes for objectives. As listed in Section IX Proposal Narrative Requirements, Step 4 – Implementation the Work Plan must include at minimum key target completion dates for each quarter of the Fiscal Year; SAPC will require submission of quarterly reports.

PLANNING PROCESS

57. Approximately a year ago ADPA/SAPC had providers provide input for this RFP I do not see much if any of that information included here. Why?

The majority of issues/conditions identified by participating contractors at the October 2009 planning sessions/SPA-based work groups are permitted under this RFP. The majority of key substance related problems are included in the RFP, and the majority of the service needs/issues identified by participants are allowable and linkable to the Long-Term Objectives. Given limited funding and available data, the need to prioritize issues was required especially since some issues are beyond the scope of SAMHSA's Substance Abuse Prevention and Treatment (SAPT) Block as it relates to prevention. The responses to the October 2009 SPA-based workgroups are posted on the County, SAPC's website.

58. Who are the Prevention Regional Work Groups for SPA 3 (page 7)?

On September 3, 2009 AODPS contractors (formerly known as CPRP and/or ADPS) were invited to attend the County, SAPC Prevention Planning Meeting and the subsequent SPA-based workgroups on October 8, 2009. The responses to the October 2009 SPA-based workgroups are posted on the County, SAPC's website. This is not an on-going Work Group, therefore, there is not a list of participating agencies to provide for SPA 3.

59. Why is the County going back to the approach used in the 1995 RFP when many of the goals have been met?

In the development of the RFP, the County, SAPC considered information from the Prevention Planning Meeting conducted on October 8, 2009 that included break-out groups by SPA (SPAs 1 and 2; SPAs 3 and 7; SPAs 4 and 6; and SPAs 5 and 8), the Contributing Factors Survey conducted in October 2008, and academic research, local data, and limitations due to available funding.

Goals in the 1996 RFP were not met in all communities/target populations.

EVALUATION

60. How extensive do you envision the role of the external evaluators to be hired?

Since the proposal must include EBPs, as defined in Section III Prevention Services Frameworks, part D Evidence-Based Services/Curricula, which are already evaluated by an evaluator independent of the Proposing agency, an independent/external evaluator is not required under Section IX Proposal Narrative Requirements, Step 5 Evaluation (page 33 and 38). The internal or external evaluators selected, must have sufficient experience conducting evaluations that determine if the activities/strategies impacted the goals and objectives.

61. Program Evaluation have to be external? Which can be expensive or can it be internal review.

See response to [Question 60](#).

62. If no independent evaluator is required, can program staff perform all evaluation activities?

See response to [Question 60](#).

63. Wouldn't the evaluator be a subcontractor?

An external evaluator would be a consultant (which is allowable under this RFP) since direct services would not be provided by the evaluator which would be the case with a subcontractor.

STAFFING

64. Program Director is required to be fulltime. Does this mean: 100% FTE on AODPS contract? OR FTE, but only a portion allocated to AODPS?

A full-time Program Director is not required for Category 1 or Category 2. However, for both Category 1 and Category 2 there must be a full-time Prevention Coordinator (1 Full-time equivalent) designated to work on the prevention contract.

65. How important is including full resumes and job descriptions now when the program starts in July? Are there additional points for including resumes?

The resumes are intended to provide the reviewer with appropriate educational and work information that shows the proposer's staff are sufficiently qualified to perform the prevention services indicated in the proposal. The resumes or any documentation on the qualifications of the proposer's staff are required for inclusion in the proposal, so no additional points should be expected.

66. (Section C, 9) Page 7) Why is it necessary for all staff to have skill in staff training when this skill is not necessary for effective delivery of the services to be provided? Why should the contractor not have discretion to determine staff qualifications?

Exhibit IIIB and IIIC Section C Minimum Qualifications #9 states the required "ability to train program staff on required contract services, CalOMS Pv data entry, and other required reporting." This statement refers to training as it relates to the need for all agency staff to be familiar with the contract requirements, data reporting requirements, and other reporting requirements such as annual reports and evaluation reports. This does not refer to training on elements of prevention services or training for the community.

67. (Exhibit IIIC, Page 6, #7, Staffing) Why does the contract restrict the educational background that qualifies staff to ATOD or Public Health to the exclusion of other professions that may provide equal or better preparation, e.g. social work / social psychology?

Since this is an AOD prevention contract and the County, SAPC is seeking evidence and outcome based services, experience in AOD prevention is necessary. Individuals whose social work/social psychology background includes AOD prevention may qualify as well.

68. Can you please go back to the question about minimum staff requirements? What section of the RFP is that in and please clarify the answer.

This is included in Exhibit IIIB and IIIC Section C Minimum Qualifications, Section D Contractor's Program Director, and Section E Prevention Coordinator.

69. Will the training & technical assistance provided by the County during the 1st 6 months be full time, 40 hours a week for 6 months?

The training and technical assistance will not be full-time to allow for time to complete the Comprehensive Assessment. Most likely it will be no more than one to two times per month.

70. Will staff have to get certified as prevention specialist with one of the 9 agencies (certification agencies)?

No, certified counselors or certified prevention specialists are not required.

71. If we get or know we are successful around March then why do we still have to terminate staff by June?

The staff need not to be terminated, this is an agency decision.

FINANCE/ BUDGET

- 72. What is the logic of limiting contracts to \$200,000, only \$190,000 for prevention services because of the evaluation component, when this contract amount is very small for effective service delivery and may drastically reduce existing services in underserved communities?**

The purpose of requiring dedicated funding for an evaluation is to ensure that effective services are being delivered within communities funded by the County, SAPC and that those services impact the goals and objectives identified by the Contractor and the County, SAPC.

- 73. Can an agency be awarded more than \$200,000 to deliver Category 2 services?**

Per Section III, part A Funding Categories, Category 2: Comprehensive Prevention Services (page 17) "the maximum for each contract award per year is \$200,000." Proposals submitted for either Category 1 or Category 2 with budgets exceeding the maximum, as outlined in Section IV Funding, will be considered non-responsive to the RFP and will be disqualified from further consideration.

- 74. In addition to meeting our direct services requirements, we wish to contract \$10-20,000 annually for media services. What are the limits for consulting services?**

Any media services conducted as part of the County, SAPC contract must be preapproved by the County, SAPC (including approval of content and distribution) prior to development, and directly relate to achieving the County, SAPC Goals and Objectives outlined in the RFP. Media services may not be used to promote the services of a contract agency. The approved funding amount would be determined upon contract award, and upon submission and approval of the media messaging.

- 75. What is the minimum or acceptable financial requirement for agencies?**

At a minimum, a proposer must be financially stable. A financial statement analysis using standard financial ratios will be conducted to assess a proposer's level of stability, including its ability to carry all operating costs for a minimum of sixty (60) days.

- 76. What processes determine the amount of \$200,000 for the RFP?**

The figure was based on a review of the range of current contract amounts and an effort to ensure an adequate amount of base funding to provide effective services while ensuring a sufficient spread of services (contracts) across Los Angeles County. The distribution of total funds across SPAs was determined by a variety of factors, including the number of persons 0 through 24 years of age with family incomes below 100% federal poverty level residing in each SPA, as this is the priority age population for this RFP.

- 77. Year 1 is reimbursement based, years 2 & 3 are fee for service. Can we show a positive bottom line in years 2 & 3? Can we show a positive bottom line cumulatively over the 3 years?**

The budget forms are prepared at your discretion. However, to show a profit would be to your (proposer's) disadvantage.

- 78. Proposed Budget Section (Page 34): What is LAC guidance on approved indirect cost rate?**

It is up to the Proposer to present their budgeted costs. However, proposals with high indirect cost compared to their direct cost may receive lower scores.

79. It is noted that 5% of the budget must be allocated to Evaluation. If a contract was budgeted for \$200,000 per year, that would equate to \$10,000 per year or \$30,000 for a three year contract. Evaluation is often heavier toward the back end of the program. Does the Evaluation expense have to be evenly distributed throughout the three years of the contract or can it be back end heavy? For example could Evaluation be budgeted for \$5,000 the first year, \$10,000 the second year and \$15,000 the last year?

The 5% evaluation expense does not have to be evenly distributed each year. This expense can be weighted differently each year, as long as the total multi-year contract amount meets the 5% requirement.

CalOMS PREVENTION

80. **AITRP** programs using CalOms objectives- this RFP replaces those?

The Adolescent Intervention, Treatment, and Recovery Programs (AITRP) contract is not affected by this RFP. Therefore, any changes to Fiscal Year 2011-2012 CalOMS Objectives will be discussed outside of this process.

81. How is this different than the CalOMS goals/objectives/strategies?

The current (Fiscal Year 2010-2011) CalOMS Prevention goals and objectives will be replaced in Fiscal Year 2011-2012 with those referenced in the RFP.

PROCESS/SUBMISSION/FORMATting

82. If tables are included in the narrative, does the formatting requirement stay the same (min. 10 pt. font, double-spaced, etc.)? Or can the formatting be more suitable for a table?

The font size requirement applies to the proposal narrative. Regarding tables (and maps and graphs), it is up to the proposer to select the format, including font size and line spacing, which would make it easier for the reviewer to read and understand these tables/graphs/maps as these relate to whatever is written in the proposal. These items (tables, etc.) should also be properly labeled and identified/referred to in the narrative so the connection is established with minimal, if any, difficulty on the part of the reviewer.

83. Are there formatting requirements for tables, graphs, and maps?

See response to [Question 82](#).

84. To follow-up on the format question: Since proposal is expected to be double spaced, does that apply to tables that are part of the proposal?

See response to [Question 82](#).

85. Should/could tables be included as an attachment to the narratives, that don't count to the page limit?

For ease of review of proposals, it is preferred that tables be included in the proposal narrative itself. Ideally, these tables should be located as close as possible to the part of the proposal narrative

where they are mentioned or referred to. However, if there are a substantial number of tables that would take up so many pages of the proposal, then these tables can be included as attachments provided they are identified as such, both in the proposal's Table of Contents and narrative.

86. Are you asking for one PDF copy or one for each proposal copy?

Only one (1) PDF copy is required.

87. Can you describe more specifically what is needed in the "Generalized Narrative of a non-specific nature"?

This refers to a narrative that provides additional, general information about the proposer or proposal. The additional information provided would not be responding to any specific requirement of the RFP and has not been requested by the County. However, it may be information that the proposer deems essential to the evaluation of its proposal.

88. Proposed Addendum by SAPC could be published November 12, 2010 (7-10 days). We've budgeted an entire week to just assemble the proposal due to the size of copies and complexities. This leaves very little time to adjust to changes in the addendum. Request to extend the due date . . . Also, it would be considerate of SAPC to extend (if decided) until after the Holidays, and not just before. Thanks for consideration.

Any changes to the RFP will be announced in the form of an Addendum. This Addendum is expected to be posted in the SAPC website, two (2) weeks from the date of the Proposers Conference.

89. Is there a limit on the # of letters of support & reference? If an agency has held 80 contracts, are they expected to provide 80 letters or would one statement suffice?

No, there is no limit on the number of letters of support and reference a proposer can include in the proposal. However, the proposer should decide on the optimum number of letters that would best demonstrate the extent of the community's support and acceptance of the program (for letters of support) and the extent of the proposer's experience and expertise in serving the target population(s), without making it too difficult and time-consuming for the reviewer to complete the review of the proposal.

90. How many letters of recommendation needed?

If by letters of recommendation, you mean letters of support, please see response to [Question 89](#).

91. Can there be letters of support for other L.A. County Department and supervisor's offices, etc.?

The intent of this requirement is for the proposer to document the support and acceptance by the community for their program(s). So letters of support from government offices would not qualify under this requirement.

92. Can we include a DVD (short DVD) with our proposal? The DVD is to support our experience.

It is up to the proposer if it wishes to include supplementary information to its proposal, using non-print media. But the proposal itself should be submitted in the form prescribed by the RFP: one original, nine (9) hard copies, and a PDF copy of the proposal on CD or DVD.

93. Can color be used in graphs or images included in proposal?

Graphs or images included in the proposal can be in color or black and white.

94. In the proposal (actually in the Table of Contents), you require “Alphabetized Paragraphs”. (Page 25) What do you mean? Do you mean that every paragraph be alphabetized or what?

“Alphabetized paragraphs” mean the paragraphs in the proposal should be appropriately numbered using either the numeric style (numbers only) or alphanumeric style (numbers and letters). The intent is to enable the reviewer to: (1) determine that the proposal is complete and packaged sequentially, i.e., from beginning to end with no missing parts or pages; and (2) easily locate and refer to specific paragraphs or parts in the proposal as may be necessary in the course of the proposal's evaluation.

95. For new agencies! – 4 yrs. min. required would 3+ yrs. be considered?

No. As stated in Section IV, Minimum Mandatory Requirements to Participate, item a, page 19, a proposer must have at least 4 years experience, with the last seven (7) years, in primary alcohol and other drug prevention (AOD) services prior to the proposal submission deadline.

96. Will there be any changes made to the RFP. If changes are made – what date can we expect notification.

Any changes to the RFP will be announced in the form of an Addendum. This Addendum is expected to be posted in the SAPC website, two (2) weeks from the date of the Proposers Conference.

97. How can we write about prevention with respect to marijuana when we don't know how Prop. 19 will affect the landscape?

Post Conference – Proposition 19 was defeated.

98. Since they are “Attachment 5” do the work plans need to be in the body of the narrative sections or among the attachments? Also, do they, or the attachments asked for in Section D of Implementation count towards the 3 page limit of the Implementation section? It would seem to prohibit complete responses on the other requested information if it did.

The Work Plan (Attachment 5) should not be included in the body of the narrative but should be included as an attachment to the Proposal. As a result, there is no page limit for the Work Plan (Attachment 5).

REVIEW PANNEL/PROPOSAL SCORING

99. Given the harsh economic climate non traditional prevention providers such as school districts, health departments are trying to get money. Will reviewers take into consideration how long we have been providing prevention services to our community?

According to the Section VI Minimum Mandatory Requirements to Participate part A and Section IX Proposal Narrative Requirements, Step 2 Capacity will consider experience providing AOD prevention services. In addition, Section VI Minimum Mandatory Requirements to Participate part B excludes government agencies and local educational institutions from applying.

100. How will proposals be rated? And by whom?

A scoring tool for each Category has been developed and it will be scored by a representative group of experts in the AOD prevention field and related fields such as some of those within the Department of Public Health. All evaluators have to sign a conflict of interest form to make sure there is no relationship with the Proposers being scored.

101. Will the same review panel be reviewing applications for both Category 1 and 2?

No.

CONTRACTS

102. Can you please clarify or discuss question #26 on Page 16 of the handout?

Per the letter from SAPC's Director, John Viernes Jr., on October 14, 2010 "the Alcohol and Other Drug Prevention Services (AODPS) Request for Proposals (RFP) released on October 8, 2010 will result in a re-bid of all funds allocated under Substance Abuse Prevention and Control's AODPS contracts which includes those formerly known as Community Prevention and Recovery Programs (CPRP) and Alcohol and Drug Prevention Services (ADPS). This also includes any special funds previously allocated for methamphetamine services and technical assistance. Funding for and services provided by the Adolescent Intervention, Treatment, and Recovery Programs (AITRP) contracts are not affected by the AODPS RFP."

Therefore, all current (Fiscal Year 2010-2011) AODPS contracts will be terminated as a result of this RFP process, including those referenced above. Submission of a response to this RFP does not guarantee an award for future AODPS funding.

103. Can you please clarify/discuss question 26 under substance abuse.

See response to [Question 102](#).

104. Does the List of contracts need to include all contracts in all California Counties in the past three 3 years, with descriptions, and details, and letters of confirmation for each contract?

The List of Contracts form that a proposer needs to fill out, Attachment 7C in this RFP, requires specific information on all public or government contracts, regardless of whether these are with counties, cities, municipal governments, or local agencies, under which the proposer has provided services within the last three years. The proposer may use additional sheets if necessary. No letters of confirmation are necessary.

105. Must agency be a non-for-profit to qualify?

Yes. See Section VI, Minimum Mandatory Requirements to Participate, item b, page 19.

106. So if I'm for profit organization, I can't apply for the contract?

Correct, for profit agencies/organizations are not eligible to apply. See Section VI, Minimum Mandatory Requirements to Participate, item b, page 19.

107. Must agency be a licensed AOD by State to qualify?

No. This RFP is for prevention not treatment services.

- 108. Exhibit III C, Item 8, Section L, Page 14: “Contractor shall submit all materials . . .which may be an allowable cost for review & approval by SAPC Director prior to publication” Why is the bureaucratic requirement necessary or even desirable? Does this not interfere with the timely distribution of information that may be necessary to implement prevention strategies or take community action? e.g. if a contractor learns about a rave scheduled for the night & wishes to alert community members about the potential harm to youth, wouldn’t this requirement for prior approval prevent the intervention from working effectively? Why does SAPC wish to be burdened by approving each & every bit of info material supported by these programs?**

The County, SAPC is responsible for ensuring that materials, publications, etc. funded by the County, SAPC meet County guidelines, therefore, approval is required. The County, SAPC will provide more specific guidelines on required approvals prior to execution of AODPS contracts. For example, if notifying and educating communities about the potential harms of raves as it relates to AOD use is part of the agency’s Work Plan, a template could be submitted to the County, SAPC for approval in advance with placeholders for the time, date, and location of the specific event.

- 109. Can you go over the main programmatic differences between the current ADP contracts and this upcoming grant period?)**

The County, SAPC is seeking evidence-based prevention services that are able to impact the County, SAPC’s Goals and Objectives outlined in the RFP, emphasize assessment, evaluation, and respond to the needs of prospective contractor’s target populations/communities. For more information, please compare the RFP and Exhibits IIIB and IIIC to the current AODPS contract.

- 110. If you do not have Prevention contracts, can you still qualify if you have done prevention in the community?**

To qualify, prospective contractors do not need to have a prevention contract with the County, SAPC. However, documentation of 4 years experience providing AOD prevention services within the last 7 years (as described in Section VI Minimum Mandatory Requirements to Participate) must be clearly identified in the response and should include how those services are currently funded (e.g., federal grant, contract in another County).

- 111. If you already have a facility providing a different service i.e. treatment can you use the same facility for prevention services or you will be required to get a new service location.**

Yes, prevention services could be provided at the same location(s) where treatment services are provided; a new service location for prevention will not be required.

MISCELLANEOUS QUESTIONS

- 112. Can the list of agencies attending today’s Bidder’s Conference be made available? Service Provider Comments / Requests:**

Yes. The list of agencies attending the Bidder’s Conference will be posted on the SAPC website.

- 113. Are we throwing out the baby with the water?**

No, and no further response needed.

- 114. You don't have to read this I am grateful for the opportunity to be able to even submit a RFP and am willing to work with whatever in need to succeed. Thanks.**

Noted.

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